Authorization for Access to Restricted Records Confidentiality Notice and Consent

l,	representing
(name)	(agency/office)
am requesting access to restricted rec	
Court Alcohol and Drug Program, he	(program name) reinafter Program, for the following purpose(s):
Scientific Research Management Audits Financial Audits	Program Evaluation Other
information, verbal communications staffing, court personnel, and other publications made between the Program of Title 42 of the Code of Federal Reddrug abuse records. The recipients of	ed may consist of written records, electronic between or among staff members, parties present at arties engaged in the mission of the Program. Any and parties to this authorization is subject to Part 2 gulations governing confidentiality of alcohol and such information may redisclose it only back to the contain information that would identify any past or
conducting an audit or evaluation: Uniformation obtained from the Programmer 42 CFR 2.53(b), any patient is copied or removed from the programmer.	that is at least as stringent as required by 42 CFR
•	ult in prosecution. This authorization remains in noted above, but in any case will expire twelve (12)
Signature of this document indicates agree with its contents, and are boun	hat the specific parties have read this document, by its contents.
Signature	Program Representative
Printed Name & Title	Printed Name & Title
Date	Date 12/06/02

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